## ISSUE SLIP STAPLE AREA (for additional cross references) DATE INITIALS ID NO. POSIT ON **FEE DETERMINATION** O.I.P.E. CLASSIFIER **FORMALITY REVIEW RESPONSE FORMALITY REVIEW** BEST AVAILABLE COPY INDEX OF CLAIMS ..... Rejected ..... Interference ..... Allowed A ...... Appeal (Through numeral)... Canceled O ...... Objected ...... Restricted Claim Date Claim Date Date Final Original Final Original # D O

If more than 150 claims or 10 actions staple additional sheet here

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